

End-of-Semester Course Assessment Feedback Form

Name (optional):

Email (optional):

Course Name:

Instructor Name:

Overall, how would you rate this course?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

How effective was the instructor in teaching this course?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

What did you like most about this course?

Suggestions for improvement:

Additional comments: